

**St John Vianney Owls Club**  
**Admissions Form 2025/2026**

Child's Full Name:	Year Group:
Date of Birth:	Gender:

Days	Breakfast	Early After-School (3.15-4.15 pm)	Late After-School(3.15-5.30 pm)
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

<b>Basic Details</b>	
Name of parent(s) with whom the child lives:	
Parent's Name (Mother) _____ Do you have parental responsibility for this child? <b>Yes/No</b> (please delete as appropriate)	Parent's Name (Father) _____ Do you have parental responsibility for this child? <b>Yes/No</b> (please delete as appropriate)
If no do you have legal contact? <b>Yes/No</b> (please delete as appropriate)	If no do you have legal contact? <b>Yes/No</b> (please delete as appropriate)
Address of parent (s) with whom the child lives:	
Mobile Telephone Number:	
Mother: _____ Father: _____	
Email address: _____	
Please sign to give consent for us to contact you via email for invoices, information etc.	
Parent Signature: _____ Date: _____	
Name of parent (s) with whom the child does not live: _____	
Does this parent have parental responsibility? <b>Yes/No</b> (please delete as appropriate)	
Does this parent have legal contact? <b>Yes/No</b> (please delete as appropriate)	
Does this parent have legal access to the child? <b>Yes/No</b> (please delete as appropriate)	
Address: _____	
Telephone Number: _____	

**Emergency Contact Details:**  
 Please provide the names and contact detail of two people (other than parents/guardians) who we can contact in case of an emergency.

**Note: It is your responsibility to ensure these people are happy for us to contact them and to hold their details**

<p>Emergency Contact No. 1</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>Relationship to child: _____</p>	<p>Emergency Contact No. 2</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>Relationship to child: _____</p>
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**Security Details:**

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect your child. Ideally this should be one word and something that is easily memorable. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.

Please provide secure password: \_\_\_\_\_

Persons authorised to collect your child. This is any other adult who may collect your child in your absence. Authorised persons must be over 16 years of age.

<p>Authorised Person No. 1</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>Relationship to child: _____</p>	<p>Authorised Person No. 2</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>Relationship to child: _____</p>
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Parent's/Carer's Name.....

Parent's/Carer's Signature.....

Date.....

**St John Vianney Owls Club  
Emergency Medical Treatment Form**

Child's name \_\_\_\_\_

Date of birth: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

Are there any procedures that are prohibited by religious or cultural beliefs or any preferences/ dietary requirements?  
\_\_\_\_\_

Any other relevant medical information (i.e. Allergies, family medical information etc):  
\_\_\_\_\_

Dietary Needs: Does your child have any dietary needs? Please give details:  
\_\_\_\_\_

Medication required: \_\_\_\_\_

\*\* see below

Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Child's medical number: \_\_\_\_\_

In the event of my child being involved in a serious incident while at the Club, I expect the manager, or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event of my child requiring immediate medical treatment before I will be able to get to the hospital, I hereby authorise the manager, or a delegated member of staff, to seek emergency medical treatment or advice on my behalf.

I understand that this authorisation will remain valid unless I contact the manager to withdraw it.

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* Members of staff at the club will not be able to administer prescribed medication to your child if you have not completed an 'Administration of Medication form'

## St John Vianney Owls Club

### PERMISSION RESPONSE

Child's Name \_\_\_\_\_

<b>Photographs</b>	For use on the school's website (no names are ever attached to these images).	Yes	No
	For use on the school's Twitter and future Facebook page (no names are ever attached to these images).	Yes	No
	For use on a flyer to be sent out to new nursery and reception parents (no names are ever attached to these images)	Yes	No
	For use in displays within the club	Yes	No
<b>Film viewing consent</b>	I consent to my child viewing films rated PG once they have been vetted by a member of staff.	Yes	No
<b>Artwork</b>	I consent to my child's artwork (with their name) being displayed in the setting	Yes	No
<b>Food tasting</b>	I give permission for my child to take part in cooking and food tasting activities.  My child should <b>not</b> eat the following foods: <i>(Please indicate):</i>	Yes	No

### Personal items

Children are not permitted to bring or use personal items, such as mobile phones, games consoles, etc, in Owls Club.

Please note that, if the information contained in this form changes, it is the parent/carer's responsibility to inform Owls Club. If we receive no further information then Owls Club will assume that the information remains the same and the permission is granted for all of the above. By signing this document you accept this responsibility.

I have read and understand the contract, terms and conditions at St John Vianney Owls Club. I hereby declare to abide by the conditions set out within the contract.

Parent's/Carer's Name.....

Parent's/Carer's Signature.....

Date.....

## St John Vianney Owls Club & Parent Agreement

### **At Owls Club we will:**

Ensure your child is safely delivered to and collected from their classrooms and cared for in a safe and secure environment that is welcoming to all.

Ensure any risks to your child are assessed and minimised. We will ensure that their dietary, cultural and emotional needs are met and respected.

We will provide children with a wide variety of play equipment, games, toys, crafts and activities that are safe and age appropriate.

All SJV Owls Club staff will be DBS checked and receive up to date safeguarding training.

The manager and deputy manager will make themselves available on request to speak to you about any issues.

We will inform you of any changes to policy and procedure and ensure you will receive regular information.

We will ensure that our service remains value for money and of a high standard.

### **In return and in order for us to ensure that we are able to do the above we ask parents to:**

Adhere to our payment procedure and understand that your child will be withdrawn if payment is not received.

Inform the club if your child will not be attending for any reason or if they will be collected by somebody different from those listed.

Not send any child into club that is unwell or has suffered sickness or diarrhoea within the previous 48 hours.

Respect our opening times and inform staff should you be late collecting your child (a late fee will be incurred).

Support staff with strategies to alleviate any negative behaviour.

Understand that any incidences of negative behaviour will be reported to you and repeated negative behaviour will lead to exclusion from the club.

Talk to us about any concerns you may have about the club so that we can work together to address them.

Signed: ..... Club manager

Signed: ..... Parent/carer

Date: .....